



## DEPARTMENT OF CHARITABLE GAMING

101 N. 14th Street, 17th Floor, James Monroe Building, Richmond, VA 23219-3684

(804) 786-1681

www.dcg.virginia.gov

## BINGO/RAFFLE APPLICATION - RENEWAL APPLICANTS ONLY

## General Instructions

- A. Use this application when applying for a renewal charitable gaming permit.
- B. Complete the entire application and all attachments. DO NOT LEAVE ANY BLANKS.
- C. Place "N/A" if item is not applicable. **Please type or print all answers.** Do not use pencil.
- D. If needed, attach additional documents or explanation sheets.
- F. Ensure application is signed/dated and notarized by the appropriate individual(s).
- E. Enclose a non-refundable \$200 application fee payable to: **Treasurer of Virginia**
- F. Retain a copy for your records.
- G. Allow 45 days for processing a **COMPLETE** application

## ORGANIZATION INFORMATION

1.	Organization's Federal Tax Payer Identification No. _____ DCG No. _____					
2.	Organization Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone: (____) _____ E-Mail: _____ Web Page Address: _____					
3.	Organization's Physical Location: _____ City: _____ State: _____ Zip: _____ Telephone: (____) _____ Contact Person: _____ Title/Position: _____ Contact Person's Daytime Telephone No.: (____) _____ Facsimile No.: (____) _____					
4.	Jurisdiction where the organization regularly meets? _____ County: _____ City: _____					
5.	Total number of members: _____ Total number of Virginia residents: _____					
6.	Has there been any change in your organization's Articles of Incorporation, By-Laws, Constitution, or any other similar organization document(s) as it relates to charitable gaming? <i>If yes, please attach documents.</i> Yes _____ No _____					
7.	Type of Tax Exempt Status (Check Appropriate Box):	501(c) 3	501(c) 4	501(c) 8	501(c) 10	501(c) 19
Other (Explain): _____						
8.	Has there been any change in your organization's Internal Revenue Service tax exempt status? Yes _____ No _____					
9.	If your organization is a part of or related to a national office of an organization ( <u>See</u> Section 18.2-340.24.A.1.(i.), Code of Virginia, 1950, as amended), please provide a letter of good standing from the national organization which indicates that your organization is currently covered by the group exempt ruling. If the national and/or state office has provided this information to the Department, please select "N/A".  Copy Attached? Yes _____ N/A _____					

## ORGANIZATION INFORMATION

10.	In the last three years, has the organization had a 501(c) status with the Internal Revenue Service revoked or suspended?	<i>If yes, please explain on a separate page.</i>	Yes _____ No _____
11.	Is the organization in compliance with Federal and State law relative to the filing, in the last three tax years, of mandated Federal and State tax returns (i.e., 990, 990EZ, 990T, 990PF, etc.)?	<i>If no, please explain on a separate page.</i>	Yes _____ No _____
12.	What is the tax year of the organization's most recently filed Internal Revenue Service Tax Form 990 (including, but not limited to, Form 990, 990EZ, 990PF, 990T) or applicable tax return that has been officially filed with the IRS. If no return has been filed, please explain on a separate page.	Tax Year For The Period Ending (Month, Date, and Year) _____	
13.	Is your organization recognized as a corporation or a form of limited liability company, as defined by the Code of Virginia?		Yes _____ No _____
14.	If you answered yes to Item No. 14, is your organization in good standing as set out under the Virginia State Corporation Commission?	<i>If no, please explain on a separate page.</i>	Yes _____ No _____
15.	Has any officer, director, or game manager who volunteers in the conduct, operation or management of charitable gaming activities been convicted within the last five years of any felony or misdemeanor crimes, or been convicted of a crime or has participated in the management, operation or conduct of any charitable game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Department regulation within the last five years?	<i>If yes, please provide name, address, and provide detailed specifics on a separate page.</i>	Yes _____ No _____
16.	Has any officer, director, or game manager who volunteers in the conduct, operation or management of charitable gaming activities within the preceding five years, been convicted of a crime or has participated in the management, operation or conduct of any charitable game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Department regulation within the last five years?	<i>If yes, please provide name, address, and specifics on a separate page.</i>	Yes _____ No _____
17.	Is any officer, director, game manager, member, or any member who volunteers in the conduct, operation, or management of charitable gaming activities related to a registered supplier, supplier's agent, employee, member of the supplier's immediate family or person residing in the same household who offers, provides, or sells gaming products to your organization?	<i>If yes, please explain and provide specifics on a separate page.</i>	Yes _____ No _____
18.	List the location(s), day(s), date(s) and time(s) the bingo/raffle activity(s) will be held: (List all planned activities below. If more space is needed or your organization utilizes additional facilities, provide the same information relative to the additional facility on a separate page and attach.)		
Building Name (Where Bingo Games are Held): _____  Physical Address: _____  City/Town: _____ County: _____ State: _____ Zip: _____  Official Jurisdiction (County of/City of): _____  Type of Gaming Activity: _____ Bingo _____ Raffle _____ Both			

## ORGANIZATION INFORMATION

18. (Cont)	Day(s)/Date(s): _____ Time: From _____ am/pm To: _____ am/pm																				
	Maximum Occupancy: _____	Total Square Footage Utilized: _____																			
	Facility Lease Amount: \$ _____	Equipment Lease Amount: \$ _____																			
	Other Lease Monies (Explain): _____																				
	All Other Payments and/or Consideration Made to Landlord (Explain): _____																				
	Have all payments and/or consideration paid and/or made to the landlord been disclosed as required under 11 VAC 15-22-100(A.)? If no, please explain on a separate attachment with specificity. <span style="float: right;">Yes _____ No _____</span>																				
19.	<b>FOR BINGO GAMES ONLY:</b> (If more space is needed or your organization utilizes additional facilities, provide the same information relative to the additional facility on a separate page and attach.)																				
a.	Is this building exclusively _____ Owned by Applicant _____ Leased by Landlord (check one): _____ Owned by Landlord																				
b.	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Who exclusively owns the equipment and has clear title to the equipment utilized by the organization in the conduct of charitable gaming activities?</td> <td style="width: 5%; text-align: center;">_____</td> <td style="width: 35%;">Owned - Applicant</td> </tr> <tr> <td>Check appropriate box(s). If other than applicant, please attach supporting documentation regarding ownership of all equipment and specifically list equipment utilized.</td> <td style="text-align: center;">_____</td> <td>Leased - Applicant</td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> <td>Owned - Landlord</td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> <td>Leased - Landlord</td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> <td>Owned - Property Owner</td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> <td>Leased - Property Owner</td> </tr> </table>			Who exclusively owns the equipment and has clear title to the equipment utilized by the organization in the conduct of charitable gaming activities?	_____	Owned - Applicant	Check appropriate box(s). If other than applicant, please attach supporting documentation regarding ownership of all equipment and specifically list equipment utilized.	_____	Leased - Applicant		_____	Owned - Landlord		_____	Leased - Landlord		_____	Owned - Property Owner		_____	Leased - Property Owner
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	_____	Owned - Landlord																			
	_____	Leased - Landlord																			
	_____	Owned - Property Owner																			
	_____	Leased - Property Owner																			
c.	Full name of owner of record of property where gaming conducted: _____ _____ Address of Owner: _____ _____ City: _____ State: _____ Zip: _____ Telephone No. (____) _____ Contact Person: Name _____ Telephone No.: (____) _____																				
d.	Landlord Full Name: _____ Landlord Address: _____ _____ City: _____ State: _____ Zip: _____ Telephone No. (____) _____ Contact Person: Name _____ Telephone: (____) _____																				
e.	Name of Facility: _____ Facility Manager: _____ Facility Telephone: (____) _____ Facility Facsimile: (____) _____																				
20.	<b>For Raffle Applications Only</b> - Will the raffle event be held in conjunction with a casino or Las Vegas night? <b>Please complete for each scheduled raffle.</b> <span style="float: right;">Yes _____ No _____</span>																				
a.	What is the prize to be given away? (Use separate page if necessary) _____ _____																				
b.	What are the prize(s) purchased and/or donated? (Use separate page if necessary. Check one box for each prize as to prize being purchased or donated) \$ _____ - Purchased _____ Donated _____, \$ _____ - Purchased _____ Donated _____ (check one)																				
c.	What is the total purchase price per ticket? (Use separate page if necessary.) \$ _____																				

## ORGANIZATION INFORMATION

20. (cont.)	d.	What is the total number of tickets to be printed? (Use separate page if necessary.) _____	
	e.	Will volunteers/members who sell raffle tickets be allowed to buy raffle tickets? If yes, please provide a detailed explanation.	Yes _____ No _____
	f.	Describe in detail how the raffle will be conducted and by whom. _____ _____ _____	
21.		Are these locations in or adjacent to the jurisdiction in Question No. 4?	Yes _____ No _____
22.		Full name of person responsible for filing financial reports: Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Telephone: (_____) _____ E-Mail: _____ Facsimile: (_____) _____	
23.		Where are the financial records stored?	Organization: _____ Other: _____
		Physical Address: _____	
		City: _____ State: _____ Zip: _____	Telephone No. (_____) _____
		Contact Person: Full Name _____	Telephone No. (_____) _____
24.		Please list the name of any and all individuals and/or registered suppliers who offered and/or sold gaming supplies to your organization during the last 12 months ( <b>Use additional sheet if necessary.</b> ):	<i>Have all suppliers of gaming products utilized by your organization been identified?</i> Yes _____ No _____
	a.	Supplier Name : _____	
		Supplier Address: _____	
	b.	Supplier Name : _____	
		Supplier Address: _____	
25.		Please identify any and all persons utilized by your organization who are designated and/or participate as "callers and/or bingo callers" during your charitable gaming activities. ( <b>Use additional sheet if necessary.</b> )	<i>All individuals identified?</i> Yes _____ No _____
	a.	Caller's Full Name: _____	
		Caller's Physical Home Address: _____	
	b.	Caller's Full Name: _____	
		Caller's Physical Home Address: _____	
	c.	Caller's Full Name: _____	
		Caller's Physical Home Address: _____	

CONTINUE TO NEXT PAGE

## PERSONNEL INFORMATION

Section 18.2-340.25, Code of Virginia, 1950, as amended, provides that no charitable gaming license can be issued prior to a reasonable investigation conducted by the Department of Charitable Gaming. Individuals designated below hereby authorize the Department of Charitable Gaming and/or the Virginia Department of State Police to investigate all matters relating to this application, and each individual designated below hereby waives any rights or causes of action they may have based upon the disclosure of otherwise confidential information.

Complete the following information for **the President, Treasurer/Financial Officer and ALL game managers**. Provide **complete** information. **FULL PROPER NAMES** must be listed and include: first name, middle name and last name -- **applications with initials will cause a delay in processing**. If an individual has no middle name, then insert "NMN". Complete a separate form for each required person. This page may be duplicated.

Position Codes: (Check the appropriate box for each applicable individual)

\_\_\_\_\_ President      \_\_\_\_\_ Treasurer/Financial Officer      \_\_\_\_\_ Game Manager(s)

I, the undersigned, do hereby authorize and give my consent to the Virginia Department of Charitable Gaming to conduct an investigation as set out under Section 18.2-340.25, Code of Virginia, 1950, as amended. I understand that further information may be requested of me in regard to this investigation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Name      Middle Name      Last Name

Position: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Physical Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED FOR (1) THE PRESIDENT, (2) THE TREASURER/FINANCIAL OFFICER, AND (3) FOR EACH GAME MANAGER. THIS PAGE MAY BE DUPLICATED.**

*Prior to issuance of a license and/or permit, the Department of Charitable Gaming reserves the right to request additional information from those named in the "Personnel Information" section of this Bingo/Raffle Application.*

## SIGNATURES/NOTARY

**THE PRESIDENT/CHIEF OFFICER OF THE APPLICANT ORGANIZATION MUST PRINT HIS/HER NAME, AFFIX HIS/HER SIGNATURE, PROVIDE THE DATE, AND HAVE HIS/HER SIGNATURE INDIVIDUALLY NOTARIZED IN FRONT OF A NOTARY PUBLIC.**

I hereby certify and affirm that all information provided in this application and attachments are true to the best of my knowledge, information and belief, and that I have not knowingly made a false statement of material fact on this application and that I have read and understand the terms and conditions as set out under the Code of Virginia and the Department of Charitable Gaming Regulations. I understand that untruthful or misleading answers are cause for denial of the charitable gaming permit. I also agree that the organization listed on this application and its officers, directors, members, and employees, will abide by all rules and regulations of the Virginia Department of Charitable Gaming in the operation and conduct of bingo game(s) and/or raffle(s) pursuant to the Code of Virginia, Chapter 8, Section 18.2-340.15, *et seq.*

Name - Print

(President)

Signature

Date

**Notary Public**

City/County of \_\_\_\_\_//Commonwealth of Virginia

That the above named person, \_\_\_\_\_, personally appeared before me on \_\_\_\_\_, 200\_\_\_\_.

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

My Commission expires \_\_\_\_\_.

Seal

\_\_\_\_\_  
Notary Public